Entry Blank-Please Type or Print ☐ Ms./Artist Mr./Artist (last name last) Address Daytime Tel. (26) 296-9014 44366 Zip area Temporary or Studio Address Street City Daytime Tel. (Zip area If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature _____

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

☐ Paintings☐ Sculpture		≰ Gr	aphics afts	☐ Photography (specify category)		
Materials used (med	dia):					
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Price or NFS	Insurance if NFS On			Size H1" × 40" height x width x depth		
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Paintings ☐ Sculpture ☐ Crafts ☐ Photography ☐ Specify category)						
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	GRAPHICS	AND PHO	OTOGRAPH			
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NOT ACCEPTED				NOT ACCEPT	ED DATE	
	7 6		No. of Concession, Name of Street, or other party of the last of t		- P	